



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov



CONFIRMATION NO. 2091

Bib Data Sheet

| | | | | |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER 09/819,252 | FILING DATE 03/27/2001 RULE | CLASS 435 | GROUP ART UNIT 1642 | ATTORNEY DOCKET NO. 08321-0164US |
|-----------------------------|-----------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS

Scott A. Waldman, Ardmore, PA;

Jason Park, Philadelphia, PA;
Stephanie Schulz, West Chester, PA;

** CONTINUING DATA *****

This appln claims benefit of 60/192,229 03/27/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 05/22/2001

| | | | | | |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY PA | SHEETS DRAWING 0 | TOTAL CLAIMS 33 | INDEPENDENT CLAIMS 6 |
| Verified and Acknowledged Examiner's Signature _____ | Initials _____ | | | | |

ADDRESS

35148
COZEN O' CONNOR, P.C..
1900 MARKET STREET
PHILADELPHIA , PA
19103-3508

TITLE

COMPOSITIONS AND METHODS FOR IDENTIFYING AND TARGETING CANCER CELLS OF ALIMENTARY CANAL ORIGIN

| | | |
|-------------------------------|---|---|
| FILING FEE RECEIVED 957 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-------------------------------|---|---|